

NOV 18 1937

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

## 1. PLACE OF DEATH

County Jackson  
 Township Kaw  
 City K.C. Mo.

Registration District No. 377  
 Primary Registration District No. 1002  
 (No. 3532 Tracy)

File No. 36540  
 Registered No. 36540  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

Ida Eichenberg

(a) Residence, No. 3532 Tracy St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? 48 yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Fe</u>	4. COLOR OR RACE <u>Wh</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Meyer Eichenberg</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 1869</u>		
7. AGE <u>68</u>	YEARS <u>68</u>	MONTHS <u>5</u>
DAYS <u>—</u>		IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Home</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>—</u>
	10. Date deceased last worked at this occupation (month and year) <u>—</u>
11. Total time (years) spent in this occupation <u>—</u>	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
Russia

13. NAME Morris White

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
Russia

15. MAIDEN NAME Mary

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
Russia

17. INFORMANT Moe Eichenberg  
(ADDRESS) 3532 Tracy

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Mt Carmel DATE 10-13-37

19. UNDERTAKER J. P. Lewis Funeral Home  
(ADDRESS) 3400 Woodland

20. FILED Oct 3 1937 M. Grows  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-2, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1934, to Oct 2, 1937

I last saw him alive on Oct 2, 1937. Death is said to have occurred on the date stated above, at 5P m.  
 The principal cause of death and related causes of importance were as follows:

General  
carcinomatosis  
50  
1 yr

Other contributory causes of importance:

Cancer on left breast 3 1/2 yrs

Name of operation Remove left breast Date of Feb 1934

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) A. Morris Quabron, M. D.

(Address) 420 Prof. Bldg

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

